

Print or type clearly. If this form is unreadable, incomplete, or does not contain all information required, it will be sent back to you without action.

SECTION 1 - RETIREE DATA

1. Enter your full legal name as recorded on your Social Security card.
2. Enter your contact information.
3. Enter your address information. If your mailing address differs from your residential address, you need to enter both addresses to ensure that correspondence reaches you.
4. Mark the Open Enrollment box **only** during the annual or special Open Enrollment period.
5. If you are enrolling with the EUTF for the first time as a retiree, you are required to provide your Social Security Number.
6. Enter your gender and birth date. If enrolling for the first time, EUTF is unable to process your paperwork without a birth date.
7. Mark the Mid-Year Qualifying Event box if you have made any changes during the year; and enter the date of the event. The following are the most common events: Address Change, Birth, Divorce, Loss of Coverage, Acquisition of Coverage, Marriage, Retirement, Death, etc. If there are simultaneous events, please describe the most prevalent event; for example, if the event is a birth and an address change, enter Birth in the event section.
8. If you are married or in a Domestic Partnership please be sure to check appropriate boxes and include date you were married or entered in a Domestic Partnership.
9. Special Note: If your Spouse or Domestic Partner is a State or County Employee or Retiree and is not being enrolled in your plans, please provide his/her Social Security Number. Dual enrollment in EUTF plans is not allowed under EUTF Administrative Rule 4.03. If both you and your Spouse/Domestic Partner are employee beneficiaries, only one of you may enroll in an EUTF Family plan, or if no other dependents are involved, both may enroll in EUTF Self plans. If your Spouse/Domestic Partner has coverage outside of the EUTF that provides family coverage, this rule does not preclude you from also enrolling in EUTF family coverage plan to cover your Spouse/Domestic Partner. The dual enrollment rule does not apply if your other coverage is not provided by the EUTF.

SECTION 2 – COVERAGE AND CONTRIBUTION START SELECTION***Complete this section only if you pay towards health plan benefits***

1. If the "Qualifying Event" that applies to you is listed in Section 2 [Adoption, Birth, Marriage, Domestic Partner, Placement for Adoption, Guardianship, New Eligible Student], you have three choices of when your coverage and premium contributions begin. Select one of the three.
2. If no selection is made, the first option (coverage starts day of the event and premium contribution starts first day of the pay period in which the effective date of coverage occurs) will be the default option selected.
3. For the following events: Marriage, Domestic Partner and New Eligible Student; the event date is when EUTF receives proper notification. Your effective date will be based on your event date and the box you selected.

SECTION 3 – PLAN SELECTION

Mark all plans you are enrolled in/want to enroll in. If you do not make a selection, you will be considered as cancelling/waiving coverage.

1. Carefully review each selection that you make. You can choose ONE medical, ONE dental, and ONE vision plan. Your choice of the prescription drug plan will depend on the medical plan that you select. If you select an HMO, your medical selection will include a prescription drug plan. If you select a PPO plan, you must select the prescription drug plan if you want drug coverage. If you don't make a selection, you will not have any prescription drug coverage.
2. You may choose to elect only the medical PPO plan without the prescription drug plan or vice versa. If you want both the medical and drug plans, please mark the appropriate boxes. If you do not want any plan coverage, mark the "Cancel/Waive" box. If you do not make a selection or check the "Cancel/Waive" box, you will be considered as waiving the selection(s).
3. If you have other health plan coverage and do not want to participate in the EUTF plans, mark the "Cancel/Waive" box for each plan that you choose not to select.
4. Life Insurance is provided by the state/county for the retiree only.

Write your name in the top right corner of page 2.

SECTION 4 – DEPENDENT INFORMATION AND PLAN SELECTIONS

1. Enter your Dependent(s) data. If enrolling your dependent for the first time, enter his/her birth date and social security number. Social Security Number is not a required field when submitting an initial EC-2 for new birth. Please be sure to submit an EC-2 to update our records for your newborn once the information received/issued by Social Security Administration. Otherwise, you may leave the birth date blank and list your dependent's EUTF ID number. If making changes to your dependent's data, enter the corrected item. If listing more than 3 dependents, write/type "Continued" on the last line of the Dependent section. Attach a separate sheet of white letter sized paper to your EC-2.

2. Use the following Relationship codes:

SP = Spouse

CH = Child

GC = Guardianship or Foster Child✓

SC = Step Child

DP = Domestic Partner ✓✓

DPCH = Domestic Partner Child✓✓

DC = Disabled Child ✓✓✓

3. For Relationship codes with ✓ or ✓✓ or ✓✓✓, please see item #8 and #9 below for other required forms.

4. Gender – Write/type either M or F.

5. Plan Selections. YOUR DEPENDENTS CAN BE ENROLLED ONLY IN THE SAME PLANS IN WHICH YOU ARE CURRENTLY ENROLLED. If you do not want any plan coverage for any of your dependents, mark the "Self" box in Section 3.

6. Dependent certification. Your initials confirm that you are certifying that all of your dependent children are eligible to be enrolled under your enrollment. You also confirm that you will provide a copy of your child(ren)'s birth certificate and/or social security card if requested by the EUTF.

7. Student certification. Your initials confirm that you are certifying that all of your dependent children ages 19 through 23, are eligible to be enrolled under your enrollment as full-time students. You further confirm that you will provide a copy of your child(ren)'s student verification letter, signed by the registrar, as required by the EUTF.

8. Domestic Partner Certification – Your initials confirm that you are certifying you have completed all the required forms in accordance with Domestic Partnership.

9. If you are enrolling a domestic partner (and children), you are required to complete all required forms in accordance with the instructions for Domestic Partner. You are responsible to obtain, complete and submit all necessary documentation to the EUTF. Failure to do so will result in denying your domestic partner coverage. You may add your Domestic Partner at anytime outside of Open Enrollment provided all required documents have been received. Visit the EUTF website at eutf.hawaii.gov for detailed instructions regarding domestic partnership.10. If you are adding a disabled child, domestic partner and child or an adopted child, please contact the EUTF at 808-586-7390 or toll free, 1-800-295-0089 or visit our website at eutf.hawaii.gov for more information. Other EUTF forms to include with EC-2 (if applicable):

✓ Legal documents for guardianship or foster child

✓✓ EUTF Declaration of Domestic Partnership or EUTF Declaration of Termination of Domestic Partnership

✓✓ Affidavit of "Dependency" for Tax Purposes (For Domestic Partner)

✓✓✓ Disability Certification For Dependent Children (Form D-1) for enrolling a disabled child

SECTION 5 – MEDICARE

IMPORTANT: If you or your dependent(s) are Medicare eligible and are enrolled in a Non-EUTF Medicare Part D prescription drug plan, please provide the name(s) of those enrolled in the Non-EUTF plan. Please ensure that you carefully read the implications of being enrolled in a Non-EUTF Medicare Part D prescription drug plan. Additional information is included in your Retiree Open Enrollment Guide. You can obtain detailed information regarding Medicare Part D at the Medicare website, www.medicare.gov.

IMPORTANT NOTICE: When you or your dependent(s) become eligible for Medicare Part B, you or your dependent(s) must enroll in Medicare Part B and forward a proof of enrollment (Medicare card showing Part B effective date and Direct Deposit Authorization Form) to the EUTF. Failure to comply may result in loss of all health benefits coverage. If you or your dependent(s) have recently enrolled with Medicare Part B, please complete this section and submit this EC-2 form with a copy of your Medicare card and a direct deposit agreement form to the EUTF

SECTION 6 – OTHER INSURANCE INFORMATION

1. If you or any of your dependents have health benefit coverage through another employer's health plan(s), you are required to complete this section.

2. The information that you provide does not determine how your benefits are coordinated. COB rules are determined by the health benefit plans and follow the guidelines of the National Association of Insurance Commissioners (www.naic.org).

SECTION 7 – RETIREE SIGNATURE

Your signature certifies that the information provided in this application is true and complete. Retiree agrees to abide by the terms and conditions of the benefit plans selected. Retiree affirms that any listed dependent child, aged 19 through 23, is attending a college, university or technical school as a full-time student and is also unmarried. Please enter date of Retiree's signature.

You must submit the EC-2 to the EUTF office. You may send it by mail or hand deliver. The addresses are printed at the bottom of page 2 of the enrollment form.